

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/25/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE PINEHURST		STREET ADDRESS, CITY, STATE, ZIP CODE 17 REGIONAL DRIVE PINEHURST, NC 28374		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report of a Follow-Up Construction Survey by Ed Miller June 25, 2015. The following deficiencies cited during the February 4, 2015, Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction. A new citation was added.	{C 000}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 5. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal closing force. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on June 25, 2015: a. Time Clock Room had a gap ranging from 0 to 1/4 inch between the top edge of the door and the bottom of the doorframe's stop, 7. Based on observations, the Building was not maintained in a safe and operating condition,	{C 189}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/25/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE PINEHURST		STREET ADDRESS, CITY, STATE, ZIP CODE 17 REGIONAL DRIVE PINEHURST, NC 28374		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 189}	<p>Continued From page 1</p> <p>because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.</p> <p>Findings on June 25, 2015:</p> <p>c. Storage room across from Bedroom 405 had gaps around cables through ceiling the assembly, New Citation</p> <p>f. New cable TV installation used unapproved orange form to firestop fire-resistance-rated ceiling penetrations in Sprinkler Room</p> <p>8. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components are felling to function as original intended. This could affect all residents, staff and visitors if insects, vermin or weather can enter the building or a component does not work</p> <p>Findings on June 25, 2015:</p> <p>b. The Time Clock Room exterior door had a 3/4 inch gap between the threshold and the bottom of the door,</p> <p>c. The lower half of the Time Clock Room exterior door was delaminating/rotting.</p> <p>10. Based on observation, the Building was not maintained in a safe and operating condition, because by not having properly working delayed egress system. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time.</p> <p>Findings on June 25, 2015:</p> <p>a. The delayed egress doors did not have the required signage saying "PUSH UNTIL ALARM SOUND, DOOR CAN BE OPENED IN 15 SECONDS." at the following locations to include but not limited to:</p> <p>i. Exit near Bedroom 403,</p>	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 06/25/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE PINEHURST			STREET ADDRESS, CITY, STATE, ZIP CODE 17 REGIONAL DRIVE PINEHURST, NC 28374		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{C 189}	Continued From page 2 ii.Exit near Bedroom 412.	{C 189}			